CLAIMS

I claim:

1. A long oblique ulna shortening osteotomy jig, comprising:

a jig body having a substantially rectangular longitudinal cross-section, a flat top surface, a first end, a second end, two sides, a concave bottom surface adapted to closely conform to the surface of an ulna bone, a cutting slot disposed diagonally across the jig body and extending from the top surface to the bottom surface, and a plurality of holes defined between the top surface and the bottom surface.

2. The long oblique ulna shortening osteotomy jig according to claim 1, further comprising a flat portion adjacent to each of the sides on the bottom surface of said jig body, whereby said flat surface is adapted to overhang the edge of a bone when said jig is attached to the bone.

3. The long oblique ulna shortening osteotomy jig according to claim 1, wherein said plurality of holes comprises two holes.

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4. The long oblique ulna shortening osteotomy jig according to claim 3, wherein a first of said holes is disposed at the first end of said jig body and a second of said holes is disposed at the second end of said jig body.

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5. A method of surgically correcting ulnar impaction syndrome, comprising the steps of:

providing a jig having a substantially rectangular longitudinal cross-section, a flat top surface, a first end, a second end, two sides, a concave bottom surface adapted to closely conform to the surface of an ulna bone, a cutting slot disposed diagonally across the jig and extending from the top surface to the bottom surface, and a plurality of holes defined between the top surface and the bottom surface;

placing the bottom surface of said jig securely against the ulna to be operated on with the concave bottom surface conforming to the surface of the ulna;

securing said jig to the ulna with two surgical screws positioned in the holes defined in said jig;

obliquely cutting said ulna into two pieces with a bone saw using the cutting slot of said jig as a cutting guide;

removing said jig from the ulna;

sliding the two pieces of the ulna past one another such that the overall length of the ulna is shortened to alleviate the symptoms of ulnar impaction syndrome; and

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securing the pieces of said ulna together with a plurality of countersunk surgical screws.

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